DEDA			A		454 TH AND W			RTIFICATE	-	-37		UTU)/0
DO NOT WRITE				B R	gistration District No	3/9,	imary Registration	District No	<u>6 8 Registrar's N</u>	6. 54	ST/	ATE FILE NU	WBER
DO NOT WRITE ON THIS STUB		AMENI	1FD	F	PLACE OF BEATH				I 2. USUAL RESID	ENCE (Where dec	eased lived. If	institution. I	Residence before
vs 300	م	ll	1 1	Ι΄	* COUNTY -		VIEW	-	- STATE		WILL NE		
Rev. 4/59	NDED			l —	b. CITY (If outside cor	rporata limits, give TOW		Length of stay in 15	c. CITY		~ ~~~~		Inside Limits
	Æ				or 7 کے T	MARY'S	5	L3 YKE	OR TOWN	ST MA	1 4 X		Yes 🌉 No 🗆
10950	TE A	ነነ	1 1	1	HOSPITAL OR	NOT in hospital, give loc	_ *	Inside Limits	d. STREET ADDRESS	(1)	cutside, give too	cation)	Reside on Farm
20550	DAT	1		l _	INSTITUTION	ST MKRY	<u> </u>	Yes No 🗆					Yes 🗆 No 🖳
3	<u> </u>	1 🕇	\Box	_3	NAME OF DECEASED			Middle	Last	4. DATE OF	Month	Day	Year
				l	(Type or print)	MARY	MA	LDELEN	R HURS	7 DEATH	NOU	16	1963
				5	SEX	6. COLOR OR RACE	7. Married [Widowed			H 9. AGE (last	birthday) IF UN Month	DER I YEAR	IF UNDER 24 HR Hours Min.
5 2					FEMALE	Give kind of work done		BUSINESS OR INDUST	111122/7	S & Z Z E (City and state o	r country) 12 C	1	MHAT COUNTRY
6	2	!		, '`	during most of working	ng life, even if retired)	, ioo. kiido oi	DODINEDO OR INDODE	i i	LARTEA		75 A	
7	<u>Ş</u>		11	13	A FATHER'S NAME	, M +	13b. M	OTHER'S MAIDEN NA			NAME OF HUSBAN		
	2			u	ILLIAM KE	ETTINGER	V	CTORIA	LHER	AU	LUET J.		· -
80	â					R IN U.S. ARMED FORCES yes, give war or dates o		10.	17. INFORMANT		Address	•	0
94/200 8	Ä			ļ <u> </u>	No	(Enter only one cause pe		and (c)	Edward	Kunet	- xx . 1000		ERVAL BETWEEN
10	<	l l			PART I.	DEATH WAS CAUSED B	Y: Alaa	maia CAA	الم سندير	lexous	ou a at	ON ON	ISET AND DEATH
11			3			IMMEDIATE CAUSE	(a)	MC COU	2000 / 0		~~~		UXANA .
16	ם כ							_		•	<u> </u>)	A
10.0	₽I≾		<u> </u> <u> </u>		Conditio	ons. if any.) DUE TO	BARte	rioscles	ratic an	el Huger	tensin	a '	d
1290-0			8		which go above	ons, if any, DUE TO lava rise to Cause (s),	(b) ARte	ris scler	otic an	el Hyper	tensiv	4	1
1290-0		-	<u> </u> <u> </u>		which go above of stating 1	ava rise to	(b) ARte	rioscles	esiese	el Hyper	tensin	•	<u>d</u>
13 /0	ON THIS KE		<u> </u> 8	NOI	which grabove of stating to styling of the state of the s	lava rise to cause (a), the under-cause last. DUE TO	CONDITIONS CO	nio S Cler bent d ntributing to DEA	ciente	A (Hyper	PART III. If	deceased re a pregnan	was female wef
13 1-0	SIN INS		<u> </u> <u> </u>	CATION	which grabove of stating to styling of the state of the s	ava rise to cause (a), the under- cause last. DUE TO	CONDITIONS CO	NTRIBUTING TO DEA	citate ATH but not related	L (Hyge	the	deceased to a pregnant Yes	cy in last 90 days.
13 1-0	SIN INS		<u>@</u>	RTIFICATION	which g above a stating the stating of the stating	ave rise to couse (a), the undersease lest. DUE TO USE TO disasse condition giver 20a. ACCIDENT (a)	CONDITIONS CO		ATH but not related		the	Yes D	icy in last 90 days. Io Unknown
13 1-0	SIN INS			L CERTIFICATION	which go above of stating t tying of PART II.	lave rise to couse (a), the under- lave lost. DUE TO OTHER SIGNIFICANT disease condition gives	CONDITIONS CO				the	Yes D	icy in last 90 days. Io Unknown
13 /0	SIN INS		ŌŒ	₹ S	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY a.m.	ava rise to couse (a), the under- avas lost. DUE TO OTHER SIGNIFICANT disease condition giver 20a. ACCIDENT CI	CONDITIONS CO				the	Yes D	icy in last 90 days. Io Unknown
13 /0	SIE Z		ŌŒ	'MEDICAL CERTIFICATION	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 1100 NIJURY N. M.	ave rise to couse (a), the under-laws lost. DUE TO US	CONDITIONS CO in PART I (a) DE HOMICIDE	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature o	of injury in PART	Yes N	icy in last 90 days. Io Unknown
RIBBON	SIN INS		ŌŒ	₹ S	19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY S.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK	ave rise to couse (a), the under-lause lest. DUE TO USE TO USE SIGNIFICANT disease condition giver 20a. ACCIDENT COMMONTH, Day, Year ED 20a. PLACE Against Accident Common	CONDITIONS CO in PART I (a) DE HOMICIDE	20b. DESCRIBE H		ED. (Enter nature o	of injury in PART	Yes D	toy in last 90 days. Io Unknown of item 18.)
RIBBON	AMENUMENIS ON INIS		ŌŒ	₹ S	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20. 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURRY WHILE AT WORK NOT WHILE AT V	ave rise to couse (a), the under-laws last. DUE TO	CONDITIONS CO	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature o	of injury in PART	Yes N	toy in last 90 days. Io Unknown of item 18.)
RIBBON	READ AMENDMENTS ON THIS		ŌQ	₹ S	PART II. 19. WAS AUTOPSY PERFORMED? YES NO DINJURY OCCURRINJURY OCCURRING NOT WHILE AT WORK NOT WHILE	Accident Constitution Constitu	CONDITIONS CO	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of the control of tocation and last sew her the control of the	of injury in PART	Yes N	toy in last 90 days. to Unknown of item 18.) STATE
RIBBON	READ AMENDMENTS ON THIS		OQ P	₹ S	19. WAS AUTOPSY PERFORMED? YES NO NO NOT WHILE AT WORK NOT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WORK NO	Accident Constitution Constitu	CONDITIONS CO	20b. DESCRIBE H	OW INJURY OCCURR	ED. (Enter nature of the control of tocation and last sew her the control of the	of injury in PART	Yes N	toy in last 90 days. to Unknown of item 18.) STATE
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BLACK INK OR OR /RITER RIBBON	SHOULD READ AMENUMENTS ON THIS			'MEDICAL	which go above a stating the stating of the stating	America to couse (a), the undersuse lost. DUE TO DU	DE HOMICIDE TE OF INJURY (e.g., factory, street, o	20b. DESCRIBE H	201, CITY, TOWN, In the date stated above 22b. ADDRES	OR LOCATION and last saw her had to the best control of the best	COL alive on NO af my knowledge, (Ciry, tawn, or c	Yes PART II UNITY	of item 18.) STATE STATE 22c. DATE SIGNED (State)
RIBBON	NO SHOULD READ INST			, WEDICAL	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK REMOVAL (Specify)	America to couse (a), the undersuse lost. DUE TO DU	DE HOMICIDE TE OF INJURY (e.g., factory, street, o	20b. DESCRIBE H	201. CITY, TOWN, 12 the date stated above 22b. ADDRES SERVICES	OR LOCATION and last saw her her and to the best conditions to the conditions of th	COL alive on NO af my knowledge, (City, tawn, or c	Yes PART II JINTY JAMES AND THE CONTROL OF THE CO	of item 18.) STATE STATE 22c. DATE SIGNED VILL
RIBBON	SHOULD READ AMENUMENTS ON THIS			WEDICAL	PART II. 19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF Hour INJURY A.m. p.m. 20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK REMOVAL (Specify)	America to couse (a), the undersuse lost. DUE TO DU	DE HOMICIDE TE OF INJURY (e.g., factory, street, o	20b. DESCRIBE H	201, CITY, TOWN, In the date stated above 22b. ADDRES	OR LOCATION and last saw her her and to the best conditions to the conditions of th	COL alive on NO af my knowledge, (Ciry, tawn, or c	Yes PART II JINTY JAMES AND THE CONTROL OF THE CO	of item 18.) STATE STATE 22c. DATE SIGNED (State)

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STATEMENT BY LICENSED EMBALMER

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vorking under my personal supe	ervision.		0		SII	
tudent		Signed	<u> [LO</u>	rian f	Men	
Signature of Stud	dent Embalmer				1-11	
				Licensed Embalmer No.		
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Note: The above MUST ith the above constitutes groun			טאובא וה חו	S OWN HANDWRITING.	(railure to comply	